



Purpose of this form

This is an application to the My Health Record (**digital health record**) system operator (**System Operator**) for registration as a consumer under the *My Health Records Act 2012*. Registration for a My Health Record is voluntary.

Registration Booklet

You should have received the **Registration Booklet, *Connecting your healthcare: a guide to registering for a My Health Record*** with this form. In this form, the booklet will be referred to as the **Registration Booklet**. If you do not have the **Registration Booklet**, go to www.myhealthrecord.gov.au or call us on **1800 723 471**.

Note: Call charges apply from mobile phones.

You need to read the information in the Registration Booklet before you sign this application.

When to use this form

Use this form if you:

- want to register for a My Health Record for yourself and/ or a person you are authorised to represent (referred to herein as your dependant), and
- have a verified Individual Healthcare Identifier (IHI).

An IHI is used by healthcare providers to improve the security and efficient management of an individual's My Health Record. If you are listed on a Medicare card or a Department of Veterans' Affairs (DVA) card, you will have been allocated a verified IHI.

If you are not listed on a Medicare card or DVA card then you will need to apply for an IHI before completing this application. To apply for an IHI go to www.myhealthrecord.gov.au and complete an ***Application to create, verify or merge an Individual Healthcare Identifier***.

Documents you will need to provide

You need to provide certified copies of **evidence of identity** with this application and may be required to provide certified copies of other documents depending on your circumstances. Information about the documents you will need to provide is set out in the **Submitting your evidence** section of the **Registration Booklet**.

Further information

Further information about the My Health Record system is set out in the **Registration Booklet**. The **Registration Booklet** will inform you about which information is relevant to your application. You must read that information before you sign this application.

For more information call us on **1800 723 471**.

Returning your form

Send the completed form and all supporting documentation to:

**My Health Record Program
GPO Box 9942
in your capital city**

Or drop your form into your local Service Centre offering Medicare services.



Your privacy in the My Health Record system

When you apply for a My Health Record record, personal information in this form will be collected by the System Operator of the My Health Record system (the Secretary of the Department of Health) to verify your identity, create a record and manage the My Health Record system.

To verify your identity the information provided is compared to information held by the Department of Human Services (DHS) as part of the Medicare program. If you are registering a dependant their personal information will also be collected and used in this way.

Without this information a My Health Record cannot be created for you. You do not need a My Health Record to get medical treatment or claim government benefits such as Medicare.

The collection and disclosure of this information is authorised by the *My Health Records Act 2012* and the *Healthcare Identifiers Act 2010*. Officers from DHS and the Department of Health undertake tasks on behalf of the System Operator.

Once a My Health Record is created information about you and/or your dependant, including health information, is collected by the System Operator to operate the My Health Record system. This information may be collected from registered healthcare providers, government programs such as Medicare, or you and your representatives. Information about you, and/or your dependant, may be disclosed to:

- healthcare providers;
- people nominated by you (such as family members);
- people who are authorised to act on your behalf;
- government agencies (such as the Healthcare Identifiers Service and DHS Medicare);
- authorised organisations (such as private firms contracted by the System Operator); and
- organisations that store the documents that form your My Health Record.

Your information is disclosed to provide you healthcare and to operate the My Health Record system. Organisations must meet strict security and privacy rules to be part of the My Health Record system.

Once you are registered, you can view and manage the information in your record by setting up online access and logging in at www.myhealthrecord.gov.au. You can control whether registered healthcare provider organisations and other people, such as family members, can access your My Health Record and how much they can see. You can limit access to your entire record or to certain documents and can also remove documents. Access to some documents cannot be restricted. A healthcare provider cannot upload a document if you tell them not to. By restricting access, removing documents or telling a provider not to upload a document, information may not be available for your healthcare.

There are specific situations in which information in your My Health Record can be collected or shared without consent, for example if there is a serious threat to your safety or if authorised by a court.

The System Operator is required by law to handle and store information in the My Health Record system in Australia. You, any of your representatives, and any authorised healthcare providers can access your My Health Record from overseas via the Internet.

You can read the complete privacy statement, an Australian Privacy Principle privacy policy, by selecting the **Privacy and security button** at www.myhealthrecord.gov.au. This statement includes information about how to access and seek correction of your information, how to make a complaint if you think someone has breached your privacy, how complaints are dealt with and what happens if you cancel your registration.

If you include information in your My Health Record about another person, you should advise that person and refer them to the privacy statement.

For information about privacy in the My Health Record system or other digital health enquiries call **1800 723 471**.

Filling in this form

- Please use black or blue pen
- Print in **BLOCK LETTERS**
- Mark boxes like this with a ✓ or ✗
- Where you see a box like this **Go to 5** skip to the question number shown. You do not need to answer the questions in between.

Using this form

1 You can use this form to register a My Health Record for:

- yourself
- people you are authorised to represent (referred to herein as your dependant(s)), or
- yourself and one or more dependants.

Please identify the type of application that you wish to make.

I am applying to register (**tick one only**):

Myself **Complete Part A**

One or more dependants **Complete Part B**

Myself **AND** one or more dependants **Complete Parts A and B**

PART A — Application for yourself

Note: Part A should **only** be completed if you are applying for your own My Health Record.

Your details

Please provide the following information about **yourself**

2 Your family name

First given name

Other name(s)

3 Date of birth

4 Sex

Male Female

5 Provide **ONE** of the following:

Your Medicare card number

 — — **OR**

Your DVA file number

 OR

Your verified IHI number

Note: These numbers will be on the front face of the Medicare, DVA or IHI card that has been issued with your name on it. If you are unsure about completing this question call **1800 723 471**.

6 Please read this before answering question 6

Corresponding with you

If we need to correspond with you in writing we will use the address recorded against your verified IHI. Your verified IHI address will usually be your Medicare mailing address as held by the Department of Human Services, or your mailing address as held by the Department of Veterans' Affairs. To update this address, please call the Department of Human Services on **132 011** or the Department of Veterans' Affairs on **133 254**.

Your contact details

Daytime phone number

Mobile phone number

Email

7 Please read this before answering question 7

We may be able to contact you electronically (e.g. by email or Short Message Service (SMS)) in future using the details you have provided above. It is important that we always have your most up to date email address and telephone numbers.

Do you consent to us contacting you electronically when possible?

No
Yes – email
Yes – SMS

8 Please read this before answering question 8

Questions 8 and 9 are optional and your application will not be affected if you choose not to answer. Answering them will help the System Operator to process your application and start populating your My Health Record.

Have you previously been registered for a digital health record?

No
Yes

9 Please read this before answering question 9

The Chief Executive Medicare may hold information about you which can be included in your My Health Record over time.

This information may include details that indicate diagnosed conditions and illnesses. If you do not want to have such details visible in your My Health Record, you should not consent to the inclusion of this information.

You can withdraw your consent at any time, in which case no new information will be provided to the System Operator for inclusion in your My Health Record. Importantly, however, if an item of information was indexed in your My Health Record before you revoke your consent, the full item may be made available to the System Operator at any time, *even after you revoke your consent*. You should refer to the **Registration Booklet** for more information about this process.

Please indicate which information, if any, you consent to being included in your My Health Record:

- Details of **all future** claims made for Medicare benefits whenever you receive a healthcare service that is covered under the Medicare Benefits Schedule (MBS)*
- AND** details of any **past** claims for Medicare benefits, if available* (This option is only available if you have selected 'all future claims' above.)
- Details of **all future** claims made for Pharmaceutical benefits whenever you receive medication that is covered under the Pharmaceutical Benefits Scheme (PBS)**
- AND** details of any **past** claims for Pharmaceutical benefits, if available** (This option is only available if you have selected 'all future claims' above.)
- Your organ and/or tissue donation decision(s), which are sourced from the Australian Organ Donor Register (AODR)
- Details of the immunisations administered to you up until the age of 7, which are sourced from the Australian Childhood Immunisation Register (ACIR)

Note:

* this includes claims that are processed by the Department of Human Services on behalf of the Department of Veterans' Affairs (DVA), in accordance with eligibility entitlements provided by DVA. Information is only included where the claim for a benefit has been successful.

** this includes Department of Veterans' Affairs claims under the Repatriation Pharmaceutical Benefits Scheme (RPBS) that are processed by the Department of Human Services. Information is only included where the claim for a benefit has been successful.

For further information on the specific types of information that are included in your My Health Record refer to the **Registration Booklet**.

10 Application to register and consent to include information

I apply for registration and:

- declare that the information in this application is correct and any supporting evidence submitted by me is correct
- consent to records containing my health information being uploaded to the My Health Record system by registered healthcare provider organisations involved in my care, subject to any express advice I give to my healthcare providers not to upload:
 - (a) a particular record
 - (b) a specified class of records, or
 - (c) any records.
- declare that I have received and read the information in the **Registration Booklet** which relates to my application.


Applicant's signature



Date

/ /

Note: Giving false or misleading information is a serious offence.



If you are lodging this form by post, make sure you have attached certified copies of your evidence of identity document(s). Please refer to the **Registration Booklet** for an explanation of what evidence of identity document(s) are required.



DoHA0816 1207

PART B — Application on behalf of your dependant(s)

Note: Part B should only be completed if you are applying to register on behalf of another person who is not able to make an application themselves and you wish to be that person's authorised representative for the purposes of the My Health Record system.

To check if you are eligible to apply for a My Health Record on behalf of another person and be their authorised representative, please refer to the **Registration Booklet**.

Your details

Please provide the following information about **yourself**

11 Have you already completed Part A of this form?

No **Go to 12**

Yes We will use the details you have already provided about yourself. **Go to 18**

12 Your family name

First given name

Other name(s)

13 Date of birth / /

14 Sex Male Female

15 Provide ONE of the following:

Provide **ONE** of the following:

Your Medicare card number

 - - **OR**

Your DVA file number

 OR

Your verified IHI number

Note: These numbers will be on the front face of the Medicare, DVA or IHI card that has been issued with your name on it. If you are unsure about completing this question call **1800 723 471**.

16 Please read this before answering question 16

Corresponding with you

If we need to correspond with you in writing we will use the address recorded against your verified IHI. Your verified IHI address will usually be your Medicare mailing address as held by the Department of Human Services, or your mailing address as held by the Department of Veterans' Affairs. To update this address, please call the Department of Human Services on **132 011** or the Department of Veterans' Affairs on **133 254**.

Your contact details

Daytime phone number ()

Mobile phone number

Email

17 Please read this before answering question 17

We may be able to contact you electronically (e.g. by email or Short Message Service (SMS)) in future using the details you have provided above. It is important that we always have your most up to date email address and telephone numbers.

Do you consent to us contacting you electronically when possible?

No
Yes – email
Yes – SMS

Person One

Please provide the following information about the first person you are applying on behalf of (**Person One**)

18 Family name

First given name

Other name(s)

19 Date of birth / /

20 Sex Male Female

21 Provide **ONE** of the following for Person One:

Medicare card number

 - - **OR**

DVA file number

 OR

Verified IHI number

Note: These numbers will be on the front face of the Medicare, DVA or IHI card that has been issued with Person One's name on it. If you are unsure about completing this question call **1800 723 471**.

22 Which of the following categories best describes the basis upon which you are applying to be an authorised representative of Person One?

Select **ONE box only** that meets your circumstance from **either 22a, 22b or 22c**.

22a. Person One is younger than 18 and you have parental responsibility for him/her (section B of the **Registration Booklet**)

(For example, you are Person One's mother or father or guardian. Please refer to the **Registration Booklet** for an explanation of parental responsibility.)

Circumstance 1 – Person One is younger than 18, you have parental responsibility for him/her and would like the System Operator to use your Medicare card as evidence of this relationship.

This means that you and Person One both appear on the same Medicare card and you would like this fact to be used as evidence to support your application as an authorised representative.

Circumstance 2 – Person One is younger than 18, you have parental responsibility for him/her and you will supply evidence of this relationship along with your application.

22b. Person One is younger than 18 and you don't have parental responsibility for him/her (section C of the **Registration Booklet**)

Circumstance 1 – Person One is younger than 18 and you are authorised by law to act on behalf of him/her.

(This will only apply if there is no adult person who has parental responsibility for Person One. You will need to provide evidence of your legal authority. Please refer to the **Registration Booklet** for more information.)

Circumstance 2 – Person One is younger than 18 and you are an appropriate person to be his/her authorised representative.

(This will apply only in exceptional circumstances where there is no other adult with parental responsibility or legal authority to act on Person One's behalf. You will need to provide supporting evidence of your relationship with Person One. Please refer to the **Registration Booklet** for more information.)

22c. Person One is 18 years or older and is not capable of making their own decisions (section D of the **Registration Booklet**)

Circumstance 1 – Person One is 18 years or older and you are authorised by law to act on behalf of him/her.

(This is where an adult lacks capacity to make their own decisions. You will need to provide evidence of your legal authority.)

Circumstance 2 – Person One is 18 years or older and you are an appropriate person to be his/her authorised representative.

(This will apply in situations where an adult lacks capacity to make their own decisions but there is no other adult legally authorised to act on their behalf. You will need to provide supporting evidence. Please refer to the **Registration Booklet** for more information.)

23 Please read this before answering question 23

Questions 23 and 24 are optional and your application will not be affected if you choose not to answer. Answering them will help the System Operator to process your application and start populating **Person One's** My Health Record.

Has **Person One** previously been registered for a digital health record?

No
Yes

24 Please read this before answering question 24

The Chief Executive Medicare may hold information about Person One which can be included in their My Health Record over time.

This information may include details that indicate diagnosed conditions and illnesses. If you do not want to have such details visible in Person One's My Health Record, you should not consent to the inclusion of this information.

You can withdraw your consent at any time, in which case no new information will be provided to the System Operator for inclusion in Person One's My Health Record. Importantly, however, if an item of information was indexed in Person One's My Health Record before you revoke your consent, the full item may be made available to the System Operator at any time, *even after you revoke your consent*. You should refer to the **Registration Booklet** for more information about this process.

Please indicate which information, if any, you consent to being included in **Person One's** My Health Record:

- Details of **all future** claims made for Medicare benefits whenever Person One receives a healthcare service that is covered under the Medicare Benefits Schedule (MBS)*
- AND** details of any **past** claims for Medicare benefits, if available* (This option is only available if you have selected 'all future claims' above.)
- Details of **all future** claims made for Pharmaceutical benefits whenever Person One receives medication that is covered under the Pharmaceutical Benefits Scheme (PBS)**
- AND** details of any **past** claims for Pharmaceutical benefits, if available** (This option is only available if you have selected 'all future claims' above.)
- Organ and/or tissue donation decision(s) for Person One, which are sourced from the Australian Organ Donor Register (AODR)
- Details of the immunisations administered to Person One up until the age of 7, which are sourced from the Australian Childhood Immunisation Register (ACIR)

Note:

* this includes claims that are processed by the Department of Human Services on behalf of the Department of Veterans' Affairs (DVA), in accordance with eligibility entitlements provided by DVA. Information is only included where the claim for a benefit has been successful.

** this includes Department of Veterans' Affairs claims under the Repatriation Pharmaceutical Benefits Scheme (RPBS) that are processed by the Department of Human Services. Information is only included where the claim for a benefit has been successful.

For further information on the specific types of information that are included in your My Health Record refer to the **Registration Booklet**.

- Circumstance 1** – Person Two is younger than 18 and you are authorised by law to act on behalf of him/her.

(This will only apply if there is no adult person who has parental responsibility for Person Two. You will need to provide evidence of your legal authority. Please refer to the **Registration Booklet** for more information.)

- Circumstance 2** – Person Two is younger than 18 and you are an appropriate person to be his/her authorised representative.

(This will apply only in exceptional circumstances where there is no other adult with parental responsibility or legal authority to act on Person Two's behalf. You will need to provide supporting evidence of your relationship with Person Two. Please refer to the **Registration Booklet** for more information.)

30c. Person Two is 18 years or older and is not capable of making their own decisions (section D of the Registration Booklet)

- Circumstance 1** – Person Two is 18 years or older and you are authorised by law to act on behalf of him/her.

(This is where an adult lacks capacity to make their own decisions. You will need to provide evidence of your legal authority).

- Circumstance 2** – Person Two is 18 years or older and you are an appropriate person to be his/her authorised representative.

(This will apply in situations where an adult lacks capacity to make their own decisions but there is no other adult legally authorised to act on their behalf. You will need to provide supporting evidence. Please refer to the **Registration Booklet** for more information.)

31 Please read this before answering question 31

Questions 31 and 32 are optional and your application will not be affected if you choose not to answer. Answering them will help the System Operator to process your application and start populating **Person Two's** My Health Record.

Has **Person Two** previously been registered for an digital health record?

- No
Yes

32 Please read this before answering question 32

The Chief Executive Medicare may hold information about Person Two which can be included in their My Health Record over time.

This information may include details that indicate diagnosed conditions and illnesses. If you do not want to have such details visible in Person Two's My Health Record, you should not consent to the inclusion of this information.

You can withdraw your consent at any time, in which case no new information will be provided to the System Operator for inclusion in Person Two's My Health Record. Importantly, however, if an item of information was indexed in Person Two's My Health Record before you revoke your consent, the full item may be made available to the System Operator at any time, *even after you revoke your consent*. You should refer to the **Registration Booklet** for more information about this process.

Please indicate which information, if any, you consent to being included in **Person Two** My Health Record:

- Details of **all future** claims made for Medicare benefits whenever Person Two receives a healthcare service that is covered under the Medicare Benefits Schedule (MBS)*
- AND** details of any **past** claims for Medicare benefits, if available* (This option is only available if you have selected 'all future claims' above.)
- Details of **all future** claims made for Pharmaceutical benefits whenever Person Two receives medication that is covered under the Pharmaceutical Benefits Scheme (PBS)**
- AND** details of any **past** claims for Pharmaceutical benefits, if available** (This option is only available if you have selected 'all future claims' above.)
- Organ and/or tissue donation decision(s) for Person Two, which are sourced from the Australian Organ Donor Register (AODR)
- Details of the immunisations administered to Person Two up until the age of 7, which are sourced from the Australian Childhood Immunisation Register (ACIR)

Note:

* this includes claims that are processed by the Department of Human Services on behalf of the Department of Veterans' Affairs (DVA), in accordance with eligibility entitlements provided by DVA. Information is only included where the claim for a benefit has been successful.

** this includes Department of Veterans' Affairs claims under the Repatriation Pharmaceutical Benefits Scheme (RPBS) that are processed by the Department of Human Services. Information is only included where the claim for a benefit has been successful.

For further information on the specific types of information that are included in your My Health Record refer to the **Registration Booklet**.

33 Application to register and consent to upload

This question must be completed by you

I apply for registration of **Person Two** on their behalf as **Person Two's** authorised representative and:

- declare that the information in this application is correct and any supporting evidence submitted by me is correct
- declare that to the best of my knowledge, I am eligible to be Person Two's authorised representative, and
- consent to records containing Person Two's health information being uploaded to the My Health Record system by registered healthcare provider organisations involved in Person Two's care, subject to any advice I expressly give to Person Two's healthcare provider not to upload:
 - (a) a particular record
 - (b) a specified class of records, or
 - (c) any records.
- declare that I have received and read the information in the **Registration Booklet** which relates to my application as an authorised representative.

Applicant's signature




Date

/ /

Note: Giving false or misleading information is a serious offence.

Note: If you intend to make an application on behalf of another person, please complete the next section — otherwise your application is ready to be submitted.

 If you are lodging this form by post, make sure you have attached certified copies of your evidence of identity document(s) (and, if applicable, evidence to confirm you are an authorised representative). Please refer to the **Registration Booklet** for an explanation of what evidence of identity document(s) are required.

Person Three

Please provide the following information about the third person you are applying on behalf of (**Person Three**)

34 Family name

First given name

Other name(s)

35 Date of birth

/ /

36 Sex

Male Female

37 Provide **ONE** of the following for Person Three:

Medicare card number

- - - - - OR

DVA file number

OR

Verified IHI number

- - - - -

Note: These numbers will be on the front face of the Medicare, DVA or IHI card that has been issued with Person One's name on it. If you are unsure about completing this question call **1800 723 471**.

38 Which of the following categories best describes the basis upon which you are applying to be an authorised representative of Person Three?

Select **ONE box only** that meets your circumstance from **either 38a, 38b or 38c**.

38a. Person Three is younger than 18 and you have parental responsibility for him/her (section B of the **Registration Booklet**)

(For example, you are Person Three's mother or father or guardian. Please refer to the Registration Booklet for an explanation of parental responsibility.)

Circumstance 1 – Person Three is younger than 18, you have parental responsibility for him/her and would like the System Operator to use your Medicare card as evidence of this relationship.

This means that you and Person Three both appear on the same Medicare card and you would like this fact to be used as evidence to support your application as an authorised representative.

Circumstance 2 – Person Three is younger than 18, you have parental responsibility for him/her and you will supply evidence of this relationship along with your application.

38b. Person Three is younger than 18 and you don't have parental responsibility for him/her (section C of the **Registration Booklet**)

Circumstance 1 – Person Three is younger than 18 and you are authorised by law to act on behalf of him/her.

(This will only apply if there is no adult person who has parental responsibility for Person Three. You will need to provide evidence of your legal authority. Please refer to the **Registration Booklet** for more information.)

Circumstance 2 – Person Three is younger than 18 and you are an appropriate person to be his/her authorised representative.

(This will apply only in exceptional circumstances where there is no other adult with parental responsibility or legal authority to act on Person Three's behalf. You will need to provide supporting evidence of your relationship with Person Three. Please refer to the **Registration Booklet** for more information.)

38c. Person Three is 18 years or older and is not capable of making their own decisions (section D of the **Registration Booklet**)

Circumstance 1 – Person Three is 18 years or older and you are authorised by law to act on behalf of him/her.

(This is where an adult lacks capacity to make their own decisions. You will need to provide evidence of your legal authority.)

Circumstance 2 – Person Three is 18 years or older and you are an appropriate person to be his/her authorised representative.

(This will apply in situations where an adult lacks capacity to make their own decisions but there is no other adult legally authorised to act on their behalf. You will need to provide supporting evidence. Please refer to the **Registration Booklet** for more information.)

39 Please read this before answering question 39

Questions 39 and 40 are optional and your application will not be affected if you choose not to answer. Answering them will help the System Operator to process your application and start populating **Person Three's** My Health Record.

Has **Person Three** previously been registered for a digital health record?

No

Yes

40 Please read this before answering question 40

The Chief Executive Medicare may hold information about Person Three which can be included in their My Health Record over time.

This information may include details that indicate diagnosed conditions and illnesses. If you do not want to have such details visible in Person Three's My Health Record, you should not consent to the inclusion of this information.

You can withdraw your consent at any time, in which case no new information will be provided to the System Operator for inclusion in Person Three's My Health Record. Importantly, however, if an item of information was indexed in Person Three's My Health Record before you revoke your consent, the full item may be made available to the System Operator at any time, *even after you revoke your consent*. You should refer to the **Registration Booklet** for more information about this process.

Please indicate which information, if any, you consent to being included in **Person Three's** My Health Record:

Details of **all future** claims made for Medicare benefits whenever Person Three receives a healthcare service that is covered under the Medicare Benefits Schedule (MBS)*

AND details of any **past** claims for Medicare benefits, if available* (This option is only available if you have selected 'all future claims' above.)

Details of **all future** claims made for Pharmaceutical benefits whenever Person Three receives medication that is covered under the Pharmaceutical Benefits Scheme (PBS)**

AND details of any **past** claims for Pharmaceutical benefits, if available** (This option is only available if you have selected 'all future claims' above.)

Organ and/or tissue donation decision(s) for Person Three, which are sourced from the Australian Organ Donor Register (AODR)

Details of the immunisations administered to Person Three up until the age of 7, which are sourced from the Australian Childhood Immunisation Register (ACIR)

Note:

* this includes claims that are processed by the Department of Human Services on behalf of the Department of Veterans' Affairs (DVA), in accordance with eligibility entitlements provided by DVA. Information is only included where the claim for a benefit has been successful.

** this includes Department of Veterans' Affairs claims under the Repatriation Pharmaceutical Benefits Scheme (RPBS) that are processed by the Department of Human Services. Information is only included where the claim for a benefit has been successful.

For further information on the specific types of information that are included in your My Health Record refer to the **Registration Booklet**.

41 Application to register and consent to upload

(This question must be completed by you)

I apply for registration of **Person Three** on their behalf as **Person Three's** authorised representative and:

- declare that the information in this application is correct and any supporting evidence submitted by me is correct
- declare that to the best of my knowledge, I am eligible to be Person Three's authorised representative, and
- consent to records containing Person Three's health information being uploaded to the My Health Record system by registered healthcare provider organisations involved in
- Person Three's care, subject to any advice I expressly give to Person Three's healthcare provider not to upload:
 - (a) a particular record
 - (b) a specified class of records, or
 - (c) any records.
- declare that I have received and read the information in the **Registration Booklet** which relates to my application as an authorised representative.

Applicant's signature

Date

Note: Giving false or misleading information is a serious offence.

Note: If you intend to make an application on behalf of another person, please complete the next section — otherwise your application is ready to be submitted.



If you are lodging this form by post, make sure you have attached certified copies of your evidence of identity document(s) (and, if applicable, evidence to confirm you are an authorised representative). Please refer to the **Registration Booklet** for an explanation of what evidence of identity document(s) are required.

Person Four

Please provide the following information about the fourth person you are applying on behalf of (**Person Four**)

42 Family name

First given name

Other name(s)

43 Date of birth

44 Sex

Male Female

45 Provide **ONE** of the following for Person Four:

Medicare card number

 — — **OR**

DVA file number

 OR

Verified IHI number

Note: These numbers will be on the front face of the Medicare, DVA or IHI card that has been issued with Person One's name on it. If you are unsure about completing this question call **1800 723 471**.

46 Which of the following categories best describes the basis upon which you are applying to be an authorised representative of Person Four?

Select **ONE box only** that meets your circumstance from **either 46a, 46b or 46c**.

46a. Person Four is younger than 18 and you have parental responsibility for him/her (section B of the **Registration Booklet**)

(For example, you are Person Four's mother or father or guardian. Please refer to the Registration Booklet for an explanation of parental responsibility.)

Circumstance 1 – Person Four is younger than 18, you have parental responsibility for him/her and would like the System Operator to use your Medicare card as evidence of this relationship.

This means that you and Person Four both appear on the same Medicare card and you would like this fact to be used as evidence to support your application as an authorised representative.

Circumstance 2 – Person Four is younger than 18, you have parental responsibility for him/her and you will supply evidence of this relationship along with your application.

46b. Person Four is younger than 18 and you don't have parental responsibility for him/her (section C of the **Registration Booklet**)

Circumstance 1 – Person Four is younger than 18 and you are authorised by law to act on behalf of him/her.

(This will only apply if there is no adult person who has parental responsibility for Person Four. You will need to provide evidence of your legal authority. Please refer to the **Registration Booklet** for more information.)

Circumstance 2 – Person Four is younger than 18 and you are an appropriate person to be his/her authorised representative.

(This will apply only in exceptional circumstances where there is no other adult with parental responsibility or legal authority to act on Person Four's behalf. You will need to provide supporting evidence of your relationship with Person Four. Please refer to the **Registration Booklet** for more information.)

46c. Person Four is 18 years or older and is not capable of making their own decisions (section D of the **Registration Booklet**)

Circumstance 1 – Person Four is 18 years or older and you are authorised by law to act on behalf of him/her.

(This is where an adult lacks capacity to make their own decisions. You will need to provide evidence of your legal authority.)

Circumstance 2 – Person Four is 18 years or older and you are an appropriate person to be his/her authorised representative.

(This will apply in situations where an adult lacks capacity to make their own decisions but there is no other adult legally authorised to act on their behalf. You will need to provide supporting evidence. Please refer to the **Registration Booklet** for more information.)

47 Please read this before answering question 47

Questions 47 and 48 are optional and your application will not be affected if you choose not to answer. Answering them will help the System Operator to process your application and start populating **Person Four's** My Health Record.

Has **Person Four** previously been registered for a digital health record?

No

Yes

48 Please read this before answering question 48

The Chief Executive Medicare may hold information about Person Four which can be included in their My Health Record over time.

This information may include details that indicate diagnosed conditions and illnesses. If you do not want to have such details visible in Person Four's My Health Record, you should not consent to the inclusion of this information.

You can withdraw your consent at any time, in which case no new information will be provided to the System Operator for inclusion in Person Four's My Health Record. Importantly, however, if an item of information was indexed in Person Four's My Health Record before you revoke your consent, the full item may be made available to the System Operator at any time, *even after you revoke your consent*. You should refer to the **Registration Booklet** for more information about this process.

Please indicate which information, if any, you consent to being included in **Person Four's** My Health Record:

Details of **all future** claims made for Medicare benefits whenever Person Four receives a healthcare service that is covered under the Medicare Benefits Schedule (MBS)*

AND details of any **past** claims for Medicare benefits, if available* (This option is only available if you have selected 'all future claims' above.)

Details of **all future** claims made for Pharmaceutical benefits whenever Person Four receives medication that is covered under the Pharmaceutical Benefits Scheme (PBS)**

AND details of any **past** claims for Pharmaceutical benefits, if available** (This option is only available if you have selected 'all future claims' above.)

Organ and/or tissue donation decision(s) for Person Four, which are sourced from the Australian Organ Donor Register (AODR)

Details of the immunisations administered to Person Four up until the age of 7, which are sourced from the Australian Childhood Immunisation Register (ACIR)

Note:

* this includes claims that are processed by the Department of Human Services on behalf of the Department of Veterans' Affairs (DVA), in accordance with eligibility entitlements provided by DVA. Information is only included where the claim for a benefit has been successful.

** this includes Department of Veterans' Affairs claims under the Repatriation Pharmaceutical Benefits Scheme (RPBS) that are processed by the Department of Human Services. Information is only included where the claim for a benefit has been successful.

For further information on the specific types of information that are included in your My Health Record refer to the **Registration Booklet**.

49 Application to register and consent to upload

(This question must be completed by you)

I apply for registration of **Person Four** on their behalf as **Person Four's** authorised representative and:

- declare that the information in this application is correct and any supporting evidence submitted by me is correct
- declare that to the best of my knowledge, I am eligible to be Person Four's authorised representative, and
- consent to records containing Person Four's health information being uploaded to the My Health Record system by registered healthcare provider organisations involved in Person Four's care, subject to any advice I expressly give to Person Four's healthcare provider not to upload:
 - (a) a particular record
 - (b) a specified class of records, or
 - (c) any records.
- declare that I have received and read the information in the **Registration Booklet** which relates to my application as an authorised representative.


Applicant's signature



Date

/ /

Note: Giving false or misleading information is a serious offence.

 If you are lodging this form by post, make sure you have attached certified copies of your evidence of identity document(s) (and, if applicable, evidence to confirm you are an authorised representative). Please refer to the **Registration Booklet** for an explanation of what evidence of identity document(s) are required.

Office Use Only

Service Request Number

	-	
--	---	--

Date
